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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 09/755847 APPLICANT(S) FILING DATE

CLAIMS

			AFTER AFTER				*		*		*		
	AS FILED		1st AMENDMENT		2nd AMENDMENT			<u> </u>		<u></u>			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	
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50	 	+	1	+	 	+	100	 					
OTAL	2	 _ _	 	+	 	+	TOTAL	 	 	 	 	 	
IND.	3	J	<u></u>] _#	<u> </u>	J ↓	IND.	<u> </u>] _#		.	L	
OTAL DEP.	17	—	1	—	l	—	TOTAL DEP.		-		-		
OTAL LAIMS	20			200		(A) 4/8	TOTAL CLAIMS			i	1	i l	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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